

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042154

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318  
1003

Primary Registration District No.

Registrar's No. 10266

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED
1	
2 22	
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4 0	
5 1	
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7 2	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MO		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP., #1		d. STREET ADDRESS 3300a S. Jefferson	
3. NAME OF DECEASED (Type or print) First Middle VITHOULKOS		4. DATE OF DEATH OCT. 14, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/17/96
9. AGE (last birthday) 67		10. CITIZENSHIP (City and state or country) U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Tavern Operator	
13a. FATHER'S NAME John Vithoukos		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 1621B	
17. INFORMANT Address Marian Vithoukos 3300a S. Jefferson		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma DUE TO (b) 1621B DUE TO (c) 1621B	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tuberculosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9/22/63 to 10/14/63 and last saw her alive on 10/14/63		Death occurred at 6:45A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Martin P. Reis MD		22b. ADDRESS 1515 LAFAYETTE AVE	
22c. DATE SIGNED 10/14/63		22d. LOCATION (City, town, or county) (State) St. Louis Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/16/63	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.	
24. FUNERAL DIRECTOR Thomas Kates 2906 Gravano		25. DATE RECD. BY LOCAL REG. OCT 15 1963	
26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*La. Humphrey*

Licensed Embalmer No.

*4772*

P. O. Address

*2906 Maevor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.